

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER		49	2/26/99
FORMALITY REVIEW	OK	72121	3-3-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral) ...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final Original	Date
1	✓ ✓ ✓ ✓ ✓	✓
2	✓ ✓ ✓ ✓ ✓	✓
3	N N N	
3	✓ ✓ ✓ ✓ ✓	
4	✓ ✓ ✓ ✓	
5	✓ ✓ ✓ ✓	
6	✓ ✓ ✓ ✓	
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29	✓ ✓ ✓ ✓	
30	✓ ✓ ✓ ✓	
31	N N N	
32	✓ N N	
33	✓ N N	
34	✓ N N	
35	N N N	
36	N N N	
37	N N N	
38	✓ ✓ ✓ ✓	=
39	✓ ✓ ✓ ✓	=
40	N N N	
41	✓ ✓ ✓ ✓	=
42	✓ ✓ ✓ ✓	=
43	✓ ✓ ✓ ✓	=
44	✓ ✓ ✓ ✓	=
45	N ✓ ✓	
46	✓ ✓ ✓ V	=
47	✓ ✓ ✓ V	=
48	✓ ✓ ✓ V	=
49	✓ ✓ ✓ V	=
50	✓ V V	

Claim	Date				
Final	Original	11	17	19	21
51	✓	✓	✓	✓	=
52	✓	✓		✓	=
53	✓	✓		✓	=
54	✓	✓		✓	=
55	✓	✓		✓	✓
56	✓	✓		✓	✓
57	✓	✓		✓	✓
58	✓	✓		✓	✓
59	✓	✓		✓	✓
60	✓	✓		✓	=
61	✓	✓		✓	=
62	✓	✓	✓	✓	=
63	N	N	N	N	
64	✓	✓	✓	✓	=
65	✓	✓	✓	N	=
66	N	✓			
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Claim	Date			
Final Original				
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If more than 150 claims or 10 actions
staple additional sheet here